

☐ Fees ☐ Registration Form ☐ Roster

☐ Assumption of Risk ☐ Proof of Residency

City of Burbank
Park, Recreation and Community Services Department
Sports Office – (818) 238-5330
<http://www.burbankusa.com>

Receipt # _____

☐ Cash ☐ Check ☐ Charge

☐ \$458 (75% RES) ☐ \$483 (NR)

☐ WINTER ☐ SUMMER ☐ FALL

Team Name: _____ Team Manager: _____

Home Phone: _____ Alternate Phone: _____

Address:

City: _____ Zip: _____ DOB: _____

Email: _____ Name: _____

Email: _____ Name: _____

If paying by credit card (Visa/MasterCard): Credit Card Number (only if card is not present) _____

Cardholder's Signature: _____ Exp. Date: _____

Team Status	Open Men's (Mark a minimum of 3 days your team can play)	Women's
<input type="checkbox"/> New Team <input type="checkbox"/> Returning Team Previous Team Name _____	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday	<input type="checkbox"/> Sunday

[illegible]

Please check all preferred game time requests:

Men's ☐ 6:00-8:00 ☐ 7:00-9:00 Women's ☐ 11:00-3:00 ☐ 3:00-7:00

Notes:

Team Manager's Signature: _____ **Date:** _____

NOTE: Registration will be taken on a first come basis. No spots are reserved for returning teams